**Infant Nutrition/Health Questionnaire** (6 weeks -12 months old)

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOES YOUR BABY DRINK BREAST MILK, FORMULA OR MILK OR A COMBINATION OF?**

If formula, specify brand used.

If a combination of, please explain?

**IF BREAST FEEDING, DO YOU PLAN TO COME TO SCHOOL AND BREAST FEED**?

**Yes** **No**

If No, are you going to bring in breast milk, or do you want Head Start to provide formula?

**DOES YOUR BABY HAVE ANY ALLERGIES OR INTOLERANCES TO FORMULAS?**

If yes, please list type: **Yes** **No**

**DOES YOU BABY HAVE ANY DIGESTIVE CONCERNS (REFLUX DISEASE, COLIC, ETC.)**

If yes, please describe any treatments that are working? No

**HAS YOUR BABY STARTED ON INFANT CEREAL, BABY FOOD OR TABLE FOOD?**

**Yes** **No**

If yes, please list types:

**HA**

**IS YOUR BABY ALLERGIC TO ANY FOODS? Yes No**

**IS YOUR CHILD BEEN PRESCRIBED A MINERAL SUPPLEMENT OR VITAMIN?**

**Yes**  **No**

**DOES YOUR FAMILY ACCESS THE WIC PROGRAM?**

**Yes**  **No**

**DOES YOUR CHILD DRINK JUICE**?

**Yes**  **No**

Breast milk or infant formula should be the only nutrient food to infants until approximately 6 months of age. After 6 months, parents can introduce fruit, but not in the form of juice. Instead, I offer infants ready for solid foods whole fruits that have been mashed or pureed. If a baby fills up on juice it could sideline the important nutrients, they need for health growth, including the protein, fat, calcium, and iron that come in breast milk and formula. American Academy of Pediatrics warns that drinking too much juice early in life can even stunt a child’s growth.

**DOES YOUR BABY DRINK FROM A CUP**? If yes, any special needs beyond a regular sippy cup?

**Yes**  **No**

**DOES THIS BABY HAVE ANY HEALTH CONCERNS THAT PROMISE WILL NEED TO MAKE ACCOMODATIONS FOR AT SCHOOL OR SOCIALIZATIONS**?

* Chronic Diarrhea
* Chronic Consitopation
* Vomiting/Spits-up oftern
* Burns
* Exposed to drugs or alcohol during pregnancy
* Exposed to Hepatitus
* Frequent Earaches/Infections
* Hearing Problems
* Wheezing
* Vision Problems
* Recent Hospitalization/Surgery
* Serious Injury/Illness
* Other Serious Disorder
* None of these

If yes, please explain

**ARE YOUR BABY’S IMMUNIZATIONS RECORDS UP TO DATE?**

If No, where can we request records from?

**DO YOU HAVE HEALTH INSURANCE FOR YOU BABY?**

**MaineCare Private No Coverage**

MaineCare #\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAS YOUR BABY HAD CLOSE CONTACT WITH ANYONE WITH AN ACTIVE INFECITOUS TB DISAESE IN THE PAST 12 MONTHS? Yes**  **No**

**HAS YOUR CHILD TRAVELED TO A HIGH-RISK COUNTY FOR MORE THAN A WEEEK IN THE PAST TWO YEARS? \* High risk county: Any county other than the United States, Canada, Australia New Zealand, or a county in Western or Northern Europe.**

**Yes**  **No**

Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_